

Thank you for registering as an OMFS Trainee to attend the **26th International Conference on Oral and Maxillofacial Surgery (ICOMS) in Singapore**. To complete your registration, we require verification of your enrollment in an oral and maxillofacial surgery training program. If you do not complete and return this form by **March 1, 2025**, you must pay the difference between the Trainee registration rate and the non-member registration rate prior to your arrival at ICOMS. If you would like to apply for IAOMS membership, please contact Katie Cairns or visit www.iaoms.org.

OMFS Trainee memberships are available exclusively for those pursuing oral and maxillofacial surgery training and Trainee Verification

OMFS Trainee Verification Form for IAOMS Membership

Applicant Name:	Date:	
Address:		
City:	State/Province:	
Postal Code:	Country:	
Email:	Mobile Phone:	
Trainee Verification To Be Cor	npleted By Program Director	
This is to confirm that the above named coprogram at our institute.	andidate for IAOMS membership is enrolled in the oral and maxillofacial training	
OMFS Program/Institution:		
Address:		
City:	State/Province:	
Postal Code:	Country:	
OMFS Graduation/Completion Date:		
Additional Comments:		
Program Director Name:		
Program Director Email:	Date:	
Program Director Signature (required):		

Return This Form To:

is required.